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Application Number	10/758,839
Filing Date	01-16-2004
First Named Inventor	James W. Lacy
Art Unit	3747
Examiner Name	Hyder Ali
Attorney Docket Number	None

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name	James W. Lacy		
Signature	<i>James W. Lacy</i>		
Date	08.16.05	Telephone	909 796 6225

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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